



BiBBS questionnaire for pregnant women

This questionnaire is for pregnant women in the areas Little Horton, Bowling & Barkerend and Bradford Moor. It usually takes about 30 minutes to complete.

This questionnaire is about you and your baby. We are interested to know about your family life and relationships, your house and neighbourhood, the languages you speak, your social and financial circumstances, your health and wellbeing, this pregnancy and your plans for the baby.

We would be grateful if you help us by answering as many of these questions as possible but if there are any questions you do not want to answer that is fine. There are no right or wrong answers.

All the answers you give are confidential. Your name and full address will not appear anywhere on the questionnaire.

We apologise if any questions cause offence – this is not our intention. We are asking everyone the same questions but we realise you may find some questions odd or unusual.

Thank you for being a part of our BIBBS study!



FRONT SHEET

----- TO BE COMPLETED BY RESEARCHER -----

PARTICIPANT INFORMATION

1. Participant Study ID _____

2. Date completing questionnaire

3. Who is administering the questionnaire? _____

4. Language used for administration English
 Punjabi
 Urdu
 Other: _____

5. Interpreter used No
 Yes, family or friend
 Yes, other

6. Who is present at the interview Partner
 Family member
 Friend
 Other
 None

7. Gestational age at completion in weeks, or age in days if baby has already been born.

Gestational age in weeks: After birth, age in days:

MEASUREMENTS

8. Veggie Meter Not able to take

SECTION A BACKGROUND

This first section is about your background.

9. What country were you born in?

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> England | <input type="checkbox"/> Northern Ireland | <input type="checkbox"/> Poland |
| <input type="checkbox"/> Pakistan | <input type="checkbox"/> Scotland | <input type="checkbox"/> Czech Republic |
| <input type="checkbox"/> Bangladesh | <input type="checkbox"/> Wales | <input type="checkbox"/> Slovakia |
| <input type="checkbox"/> India | <input type="checkbox"/> Republic of Ireland | <input type="checkbox"/> Romania |
| | | <input type="checkbox"/> Hungary |
- Other: _____

10. If you were not born in the UK, how old were you when you moved to the UK?

- years old Don't know

11. What best describes your ethnic group or background?

- | | |
|---|---|
| <input type="checkbox"/> White; English/Welsh/Scottish/Northern Irish/British | <input type="checkbox"/> Other White |
| <input type="checkbox"/> White; Irish | <input type="checkbox"/> White; Gypsy/Roma or Irish traveller |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Indian | <input type="checkbox"/> African |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> White; Polish | <input type="checkbox"/> Mixed White and Black Caribbean |
| <input type="checkbox"/> White; Slovakian | <input type="checkbox"/> Mixed White and Black African |
| <input type="checkbox"/> White; Romanian | <input type="checkbox"/> Mixed White and Asian |
| <input type="checkbox"/> Any other ethnic or mixed/multiple ethnic background _____ | |

SECTION B HOUSEHOLD INFORMATION

This section is about the people in your household.

12. How many adults aged 16 and over live in your household, including yourself?

people

13. How many children aged under 16 live in your household?

people

14. What is your relationship with the baby's natural father?

- Married to baby's father – Go to question 16
- In a relationship with baby's father but not married – Go to question 16
- Separated or divorced – Go to question 15
- Never been in a relationship with a baby's father – Go to question 15
- Baby's father has died – Go to question 15

15. Do you have a partner at the moment?

- Yes
- No – Go to question 18

16. What is your partner's date of birth?

_____ (format dd/mm/yyyy)

17. Are you living with the baby's natural father or with your partner?

- Yes
- No

18. Which country was the father of your baby born in?

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> England | <input type="checkbox"/> Northern Ireland | <input type="checkbox"/> Slovakia |
| <input type="checkbox"/> Pakistan | <input type="checkbox"/> Scotland | <input type="checkbox"/> Czech Republic |
| <input type="checkbox"/> Bangladesh | <input type="checkbox"/> Wales | <input type="checkbox"/> Poland |
| <input type="checkbox"/> India | <input type="checkbox"/> Romania | <input type="checkbox"/> Hungary |
| | <input type="checkbox"/> Republic of Ireland | <input type="checkbox"/> Don't know |
| | | <input type="checkbox"/> Other: _____ |

19. Are you related to the father of your baby other than by marriage?

If you are unsure please ask the researcher – he or she can help you with this question.

- Yes
- No
- Don't know
- Do not wish to answer

20. If yes, how are you related to the father of your baby?

If you are unsure please ask the researcher – he or she can help you with this question.

- First cousin
- First cousin, once removed
- Second cousin
- Other related by blood
- Don't know

SECTION C HOUSE

This next section is about the house you live in at the moment and your previous home.

21. What is your postcode?

22. How long have you lived at your current address?

years and months

23. How many bedrooms does your household have, including spare bedrooms?

bedrooms

24. What is the postcode of your previous home?

- Not applicable; moved here from abroad
- Don't know

25. How often did you move in the past 5 years?

times

26. Are you planning to move house in the next year?

- Yes
- No
- Don't know

SECTION D NEIGHBOURHOOD

This next section is about the neighbourhood you live in.

27. How satisfied or dissatisfied are you with the area you live in?
By your area, I mean within about a mile or 20 minute walk of your home.

1 being very dissatisfied and 5 being very satisfied.

- 1 very dissatisfied 2 3 4 5 very satisfied



28. How satisfied or dissatisfied are you with the parks and green spaces in your local area?
By your area, I mean within about a mile or 20 minute walk of your home.

1 being very dissatisfied and 5 being very satisfied.

- 1 very dissatisfied 2 3 4 5 very satisfied



SECTION E LANGUAGE

This next section is about languages you speak, languages in your households and books in your home.

29. What is your first language?

Please tick two boxes if you are bilingual (you speak two languages fluently and were taught these languages from a young age).

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Romanian | <input type="checkbox"/> Bengali (including Sylheti, Chatgaya/Chittagonian) |
| <input type="checkbox"/> Punjabi | <input type="checkbox"/> Russian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Urdu (including Hindi) | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Spanish | _____ |
| <input type="checkbox"/> Slovakian | <input type="checkbox"/> Pashto | |
| <input type="checkbox"/> Hungarian | | |

30. Which of these languages are usually spoken at home?

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Romanian | <input type="checkbox"/> Bengali (including Sylheti, Chatgaya/Chittagonian) |
| <input type="checkbox"/> Punjabi | <input type="checkbox"/> Russian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Urdu (including Hindi) | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Spanish | _____ |
| <input type="checkbox"/> Slovakian | <input type="checkbox"/> Pashto | |
| <input type="checkbox"/> Hungarian | | |

31. Which of these languages do you speak most often outside the home?

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Romanian | <input type="checkbox"/> Bengali (including Sylheti, Chatgaya/Chittagonian) |
| <input type="checkbox"/> Punjabi | <input type="checkbox"/> Russian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Urdu (including Hindi) | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Spanish | _____ |
| <input type="checkbox"/> Slovakian | <input type="checkbox"/> Pashto | |
| <input type="checkbox"/> Hungarian | | |

If English is your first language please skip the next question and go to 33.

32. If English is not your first language, how well can you do the following things **in English**:

	Not at all	A little bit	Some	Quite well	Very well
Understand what people are saying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand what you read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. How well can you do the following things **in your first language**:

If you are bilingual choose the language you are most comfortable with.

	Not at all	A little bit	Some	Quite well	Very well	Does not apply
Understand what people are saying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understand what you read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If you don't have children yet please skip the next question and go to question 35

34. If you have children under the age of 12, how many days in a typical week do you read with them?

- | | | |
|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | |

SECTION F EDUCATION

This next section is about your partners' education. Please skip the questions that don't apply to you. We first ask about your own education.

35. In which country did you obtain your highest educational qualification?

- | | | |
|---|--|--|
| <input type="checkbox"/> England (question 36) | <input type="checkbox"/> Poland (question 40) | <input type="checkbox"/> No qualifications (question 44) |
| <input type="checkbox"/> Pakistan (question 37) | <input type="checkbox"/> Slovakia (question 41) | |
| <input type="checkbox"/> India (question 38) | <input type="checkbox"/> Hungary (question 42) | |
| <input type="checkbox"/> Bangladesh (question 39) | <input type="checkbox"/> Elsewhere (question 43) | |

36. If your highest educational qualification was obtained in **England**, what is the highest level you completed? *Please tick only one box.*

- | | |
|---|--|
| <input type="checkbox"/> Less than 5 GCSEs (A*-C), CSE or O-Levels | <input type="checkbox"/> NVQ 4/5 |
| <input type="checkbox"/> 5 or more GCSEs (A*-C), SCEs or O-Levels | <input type="checkbox"/> Higher National Certificate/ Higher National Diploma, Higher Education Diploma |
| <input type="checkbox"/> GNVQ foundation level | <input type="checkbox"/> Foundation Degree |
| <input type="checkbox"/> NVQ1 | <input type="checkbox"/> Bachelor's degree 3-5 years |
| <input type="checkbox"/> GNVQ intermediate | <input type="checkbox"/> Master's degree (taught/research) or Postgraduate qualification, Doctorate/ PhD |
| <input type="checkbox"/> NVQ 2 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> (Young) apprenticeship | <input type="checkbox"/> None of these qualifications |
| <input type="checkbox"/> NVQ 3 | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Advanced apprenticeship | |
| <input type="checkbox"/> GNVQ Advanced | |
| <input type="checkbox"/> AS or A level, International Baccalaureate or BTEC | |

37. If your highest educational qualification was obtained in **Pakistan**, what is the highest level you completed? *Please tick only one box.*

- | | |
|---|--|
| <input type="checkbox"/> Secondary School Certificate/ Matriculation | <input type="checkbox"/> Bachelor Degree Arts/Sciences, Education, Engineering, Medicine/Surgery |
| <input type="checkbox"/> Higher Secondary or Intermediate Certificate | <input type="checkbox"/> Master Degree/ Master of Education/ Master of Philosophy (MPhil), Doctorate |
| <input type="checkbox"/> Technical Education Certificate/ Diploma | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Registered Nurse/ General Nursing Diploma | <input type="checkbox"/> None of these qualifications |
| <input type="checkbox"/> Primary Teaching Certificate | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Certificate in Training, Paramedic Secondary School Certificate/ Matriculation | |

38. If your highest educational qualification was obtained in **India**, what is the highest level you completed?

Please tick only one box.

- | | |
|---|---|
| <input type="checkbox"/> Senior Secondary School Leaving Certificate | <input type="checkbox"/> Master's Degree, Master of Philosophy (Mphil), Doctor of Philosophy/ Letters |
| <input type="checkbox"/> Matriculation Certificate, Senior School Certificate, ITI Certificate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diploma in Technical Education, Junior basic teacher's training, Nursing Diploma/Certificate | <input type="checkbox"/> None of these qualifications |
| <input type="checkbox"/> Bachelor's Degree, Bachelor of Law/ Education | <input type="checkbox"/> Don't know |

39. If your highest educational qualification was obtained in **Bangladesh**, what is the highest level you completed? *Please tick only one box.*

- | | |
|---|--|
| <input type="checkbox"/> Secondary School/ Higher Secondary Certificate | <input type="checkbox"/> Diploma in Agriculture/Ayurvedic & Unanai Medicine/ Textile/ Health Technology/ Survey/ Ceramics/ Nursing/ Graphic Arts |
| <input type="checkbox"/> Dakhil/ Alim Certificate | <input type="checkbox"/> Bachelor Degree Pass, Bachelor Degree |
| <input type="checkbox"/> SSC Vocational/ Trade Certificate | <input type="checkbox"/> Master's Degree, PGD and PhD |
| <input type="checkbox"/> HSC Business Management | <input type="checkbox"/> Fazil/ Kamil Degree |
| <input type="checkbox"/> HSC Vocational | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diploma in Commerce Certificate | <input type="checkbox"/> None of these qualifications |
| <input type="checkbox"/> Diploma in Engineering | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Certificate in Education (CinEd) | |

40. If your highest educational qualification was obtained in **Poland**, what is the highest level you completed? *Please tick only one box.*

- | | |
|--|--|
| <input type="checkbox"/> General Secondary School Leaving Certificate/ Diploma | <input type="checkbox"/> Post-secondary School Certificate/ Diploma |
| <input type="checkbox"/> Technikum, Liceum Mature Certificate/Diploma | <input type="checkbox"/> Teacher Training, Diploma Social Work College |
| <input type="checkbox"/> Technical Secondary School, Specialised Secondary School | <input type="checkbox"/> 1st Degree Studies |
| <input type="checkbox"/> General/ Supplementary Secondary School | <input type="checkbox"/> University Studies, Magister/Lekarz, Postgraduate Certificate |
| <input type="checkbox"/> Ballet School Diploma (technician level), Second level music school Diploma, Circus School Diploma (technician level) | <input type="checkbox"/> Master's Degree, Doctoral Study/PhD |
| <input type="checkbox"/> Basic vocational School | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> None of these qualifications |
| | <input type="checkbox"/> Don't know |

41. If your highest educational qualification was obtained in **Slovakia**, what is the highest level you completed? *Please tick only one box.*

- | | |
|---|--|
| <input type="checkbox"/> Study of selected subjects (Štúdium jednotlivých predmetov) | <input type="checkbox"/> Supplementary Pedagogical Study (Doplňujúce pedagogické štúdium) |
| <input type="checkbox"/> Vocational School (Odborné učilište) | <input type="checkbox"/> Post-secondary Specialised Study (Pomaturitné špecializačné štúdium) |
| <input type="checkbox"/> Secondary Specialised School without maturita (Vysvedčenie o záverečnej skúške, Výučný list) | <input type="checkbox"/> Conservatoire (Konzervatórium) |
| <input type="checkbox"/> Retraining Courses Certificate (Osvedčenie) | <input type="checkbox"/> Higher Professional Studies/ Graduate Diploma (Absolventský diplom), Bachelor |
| <input type="checkbox"/> Secondary Specialised School with maturita (Vysvedčenie o maturitnej skúške, Vysvedčenie o maturitnej skúške, Výučný list) | <input type="checkbox"/> Master, Magister, Doctoral, Engineer, PhD, Extensive study for teaching diploma |
| <input type="checkbox"/> Gymnasium (gymnázium) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Follow-up courses (Nadstavbové štúdium) | <input type="checkbox"/> None of these qualifications |
| <input type="checkbox"/> Post-secondary Qualification Study (Pomaturitné kvalifikačné štúdium) | <input type="checkbox"/> Don't know |

42. If your highest educational qualification was obtained in **Hungary**, what is the highest level you completed? *Please tick only one box.*

- | | |
|--|---|
| <input type="checkbox"/> Certification of the Maturity Examination (Párhuzamos oktatás szakközépiskoláb) | <input type="checkbox"/> Tertiary Vocational Program (Felsőfokú szakképzés) |
| <input type="checkbox"/> Upper Secondary General School (Gimnázium) | <input type="checkbox"/> Bachelor's Degree (Alapképzés), Master's Degree (Osztatlan képzés/ Master), University Diploma (Egyetemi szintű alapképzés), College Diploma (Főiskolai szintű alapképzések), Certificate in Specialisation (Szakirányú továbbképzés), Doctorate/PhD |
| <input type="checkbox"/> Upper Secondary Vocational School (Szakközépiskola) | |
| <input type="checkbox"/> Vocational certificate based on NVQL examination (Párhuzamos oktatás szakiskolában, Szakiskola, előkészítő szakiskola, Alapfokú iskolai végzettségre épülő szakképzés, évfolyamra épülő szakképzés) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Vocational certificate based on NVQL examination (Szakképző évfolyamok középiskola utolsó évfolyamára vagy érettségire épülő nem felsőfokú OKJ szakmákban) | <input type="checkbox"/> None of these qualifications |
| | <input type="checkbox"/> Don't know |

43. If your highest educational qualification was obtained elsewhere, what is the highest level you completed?

Country: _____

Type of school/institution: _____

Educational programme: _____

Degree/qualification: _____

- Don't know

The next few questions are about the education of your partner. If you do not have a partner please skip this section and go to section G, question 53..

44. In which country did your partner obtain his/her highest educational qualification?

- | | | |
|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> England | <input type="checkbox"/> Poland | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Pakistan | <input type="checkbox"/> Slovakia | <input type="checkbox"/> No qualifications |
| <input type="checkbox"/> India | <input type="checkbox"/> Hungary | |
| <input type="checkbox"/> Bangladesh | <input type="checkbox"/> Elsewhere | |

45. If your partner's highest educational qualification was obtained in **England**, what is the highest level he/she completed? *Please tick only one box.*

- | | |
|---|--|
| <input type="checkbox"/> Less than 5 GCSEs (A*-C), CSE or O-Levels | <input type="checkbox"/> NVQ 4/5 |
| <input type="checkbox"/> 5 or more GCSEs (A*-C), SCEs or O-Levels | <input type="checkbox"/> Higher National Certificate/ Higher National Diploma, Higher Education Diploma |
| <input type="checkbox"/> GNVQ foundation level | <input type="checkbox"/> Foundation Degree |
| <input type="checkbox"/> NVQ1 | <input type="checkbox"/> Bachelor's degree 3-5 years |
| <input type="checkbox"/> GNVQ intermediate | <input type="checkbox"/> Master's degree (taught/research) or Postgraduate qualification, Doctorate/ PhD |
| <input type="checkbox"/> NVQ 2 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> (Young) apprenticeship | <input type="checkbox"/> None of these qualifications |
| <input type="checkbox"/> NVQ 3 | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Advanced apprenticeship | |
| <input type="checkbox"/> GNVQ Advanced | |
| <input type="checkbox"/> AS or A level, International Baccalaureate or BTEC | |

46. If your partner's highest educational qualification was obtained in **Pakistan**, what is the highest level he/she completed? *Please tick only one box.*

- | | |
|---|--|
| <input type="checkbox"/> Secondary School Certificate/ Matriculation | <input type="checkbox"/> Bachelor Degree Arts/Sciences, Education, Engineering, Medicine/Surgery |
| <input type="checkbox"/> Higher Secondary or Intermediate Certificate | <input type="checkbox"/> Master Degree/ Master of Education/ Master of Philosophy (MPhil), Doctorate |
| <input type="checkbox"/> Technical Education Certificate/ Diploma | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Registered Nurse/ General Nursing Diploma | <input type="checkbox"/> None of these qualifications |
| <input type="checkbox"/> Primary Teaching Certificate | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Certificate in Training, Paramedic Secondary School Certificate/ Matriculation | |

47. If your partner's highest educational qualification was obtained in **India**, what is the highest level he/she completed?

Please tick only one box.

- | | |
|---|---|
| <input type="checkbox"/> Senior Secondary School Leaving Certificate | <input type="checkbox"/> Master's Degree, Master of Philosophy (Mphil), Doctor of Philosophy/ Letters |
| <input type="checkbox"/> Matriculation Certificate, Senior School Certificate, ITI Certificate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diploma in Technical Education, Junior basic teacher's training, Nursing Diploma/Certificate | <input type="checkbox"/> None of these qualifications |
| <input type="checkbox"/> Bachelor's Degree, Bachelor of Law/ Education | <input type="checkbox"/> Don't know |

48. If your partner's highest educational qualification was obtained in **Bangladesh**, what is the highest level he/she completed? *Please tick only one box.*

- | | |
|---|--|
| <input type="checkbox"/> Secondary School/ Higher Secondary Certificate | <input type="checkbox"/> Diploma in Agriculture/Ayurvedic & Unanai Medicine/ Textile/ Health Technology/ Survey/ Ceramics/ Nursing/ Graphic Arts |
| <input type="checkbox"/> Dakhil/ Alim Certificate | <input type="checkbox"/> Bachelor Degree Pass, Bachelor Degree |
| <input type="checkbox"/> SSC Vocational/ Trade Certificate | <input type="checkbox"/> Master's Degree, PGD and PhD |
| <input type="checkbox"/> HSC Business Management | <input type="checkbox"/> Fazil/ Kamil Degree |
| <input type="checkbox"/> HSC Vocational | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diploma in Commerce Certificate | <input type="checkbox"/> None of these qualifications |
| <input type="checkbox"/> Diploma in Engineering | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Certificate in Education (CinEd) | |

49. If your partner's highest educational qualification was obtained in **Poland**, what is the highest level he/she completed? *Please tick only one box.*

- | | |
|--|--|
| <input type="checkbox"/> General Secondary School Leaving Certificate/ Diploma | <input type="checkbox"/> Post-secondary School Certificate/ Diploma |
| <input type="checkbox"/> Technikum, Liceum Mature Certificate/Diploma | <input type="checkbox"/> Teacher Training, Diploma Social Work College |
| <input type="checkbox"/> Technical Secondary School, Specialised Secondary School | <input type="checkbox"/> 1st Degree Studies |
| <input type="checkbox"/> General/ Supplementary Secondary School | <input type="checkbox"/> University Studies, Magister/Lekarz, Postgraduate Certificate |
| <input type="checkbox"/> Ballet School Diploma (technician level), Second level music school Diploma, Circus School Diploma (technician level) | <input type="checkbox"/> Master's Degree, Doctoral Study/PhD |
| <input type="checkbox"/> Basic vocational School | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> None of these qualifications |
| | <input type="checkbox"/> Don't know |

50. If your partner's highest educational qualification was obtained in **Slovakia**, what is the highest level he/she completed? *Please tick only one box.*

- | | |
|---|--|
| <input type="checkbox"/> Study of selected subjects (Štúdium jednotlivých predmetov) | <input type="checkbox"/> Supplementary Pedagogical Study (Doplňujúce pedagogické štúdium) |
| <input type="checkbox"/> Vocational School (Odborné učilište) | <input type="checkbox"/> Post-secondary Specialised Study (Pomaturitné špecializačné štúdium) |
| <input type="checkbox"/> Secondary Specialised School without matura (Vysvedčenie o záverečnej skúške, Výučný list) | <input type="checkbox"/> Conservatoire (Konzervatórium) |
| <input type="checkbox"/> Retraining Courses Certificate (Osvedčenie) | <input type="checkbox"/> Higher Professional Studies/ Graduate Diploma (Absolventský diplom), Bachelor |
| <input type="checkbox"/> Secondary Specialised School with matura (Vysvedčenie o maturitnej skúške, Vysvedčenie o maturitnej skúške, Výučný list) | <input type="checkbox"/> Master, Magister, Doctoral, Engineer, PhD, Extensive study for teaching diploma |
| <input type="checkbox"/> Gymnasium (gymnázium) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Follow-up courses (Nadstavbové štúdium) | <input type="checkbox"/> None of these qualifications |
| <input type="checkbox"/> Post-secondary Qualification Study (Pomaturitné kvalifikačné štúdium) | <input type="checkbox"/> Don't know |

51. If your partner's highest educational qualification was obtained in **Hungary**, what is the highest level he/she completed? *Please tick only one box.*

- | | |
|--|---|
| <input type="checkbox"/> Certification of the Maturity Examination (Párhuzamos oktatás szakközépiskoláb) | <input type="checkbox"/> Tertiary Vocational Program (Felsőfokú szakképzés) |
| <input type="checkbox"/> Upper Secondary General School (Gimnázium) | <input type="checkbox"/> Bachelor's Degree (Alapképzés), Master's Degree (Osztatlan képzés/ Master), University Diploma (Egyetemi szintű alapképzés), College Diploma (Főiskolai szintű alapképzések), Certificate in Specialisation (Szakirányú továbbképzés), Doctorate/PhD |
| <input type="checkbox"/> Upper Secondary Vocational School (Szakközépiskola) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Vocational certificate based on NVQL examination (Párhuzamos oktatás szakiskolában, Szakiskola, előkészítő szakiskola, Alapfokú iskolai végzettségre épülő szakképzés, évfolyamra épülő szakképzés) | <input type="checkbox"/> None of these qualifications |
| <input type="checkbox"/> Vocational certificate based on NVQL examination (Szakképző évfolyamok középiskola utolsó évfolyamára vagy érettségire épülő nem felsőfokú OKJ szakmákban) | <input type="checkbox"/> Don't know |

52. If your partner's highest educational qualification was obtained elsewhere, what is the highest level he/she completed?

Country: _____

Type of school/institution: _____

Educational programme: _____

Degree/qualification: _____

Don't know

SECTION G SOCIOECONOMIC CIRCUMSTANCES

This section is about you and your partner's socioeconomic circumstances, such as your employment and financial situation. We first ask about your employment.

53. Are you currently employed?

Yes No

54. If you are not currently employed, have you ever worked before?

Yes No ; please go to question 62

55. Are you currently on maternity leave or sick leave?

Yes No

Please answer the following questions about your current job, or about your previous job if you are not working at the moment.

56. Did/do you work as an employee or are/were you self-employed?

Employee Self-employed/freelance without employees (go to question 60)
 Self-employed with employees (go to question 58) Student in Training (apprentice)

57. How many people work/worked for your employer at the place where you work/worked?

Work alone 25 – 49
 1 - 5 people 50-499
 6 - 24 people 500 or more

58. If you are self-employed, how many people do (did) you employ?

- 1-24 25 or more

59. Do (did) you supervise any other employees? (A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis)

- Yes No

60. What is/was your job title?

61. Which of these best describes the sort of work you do/did?

- Modern professional occupations such as: teacher – nurse - physiotherapist – social worker -welfare officer – artist– musician – police officer (sergeant or above) – software designer
- Clerical and intermediate occupations such as: secretary – personal assistant – clerical worker – office clerk – call centre - agent – nursing auxiliary – nursery nurse
- Senior managers or administrators (usually responsible for planning, organising and co-ordinating work, and for finance) such as: finance manager – chief executive
- Technical and craft occupations such as: motor mechanic - fitter – inspector – plumber – printer – tool maker – electrician – gardener – train driver
- Semi-routine manual and service occupations such as: postal worker – machine operative – securityguard – caretaker - farm worker – catering assistant – receptionist – sales - assistant
- Routine manual and service occupations such as: HGV driver – van driver – cleaner – porter packer – sewing machinist – messenger – labourer – waiter/waitress – bar staff
- Middle or junior managers such as: office manager – retail manager – bank manager – restaurantmanager – warehouse manager – publican
- Traditional professional occupations such as: accountant - solicitor – medical practitioner – scientist – civil/mechanical engineer
- Other: _____

Now we would like to ask about your partner's employment. If you don't have a partner skip this section and go to section H, question 70.

62. Is your partner currently employed?

- Yes No

63. If your partner is not currently employed, has your partner ever worked before?

- Yes No ; *please go to question 70* Don't know; *please go to question 70*

Please answer the following questions about your partner's current job, or about your partner's previous job if your partner is not working at the moment.

64. Did/does your partner work as an employee or is/was your partner self-employed?

- | | |
|---|---|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Student in Training (apprentice) |
| <input type="checkbox"/> Self-employed with employees
(go to question 66) | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Self-employed/freelance without employees
(go to question 68) | |

65. How many people work/worked for the employer at the place where your partner works/worked?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Work alone | <input type="checkbox"/> 50-499 |
| <input type="checkbox"/> 1 - 5 people | <input type="checkbox"/> 500 or more |
| <input type="checkbox"/> 6 - 24 people | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> 25 – 49 | |

66. If your partner is self-employed, how many people does (did) your partner employ?

- | | | |
|-------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1-24 | <input type="checkbox"/> 25 or more | <input type="checkbox"/> Don't know |
|-------------------------------|-------------------------------------|-------------------------------------|

67. Does (did) your partner supervise any other employees? (A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis)

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

68. What is/was your partner's job title?

69. Which of these best describes the sort of work your partner did or does?

- Modern professional occupations such as: teacher – nurse - physiotherapist – social worker – welfare officer – artist– musician – police officer (sergeant or above) – software designer
- Clerical and intermediate occupations such as: secretary – personal assistant – clerical worker – office clerk – call centre - agent – nursing auxiliary – nursery nurse
- Senior managers or administrators (usually responsible for planning, organising and co-ordinating work, and for finance) such as: finance manager – chief executive
- Technical and craft occupations such as: motor mechanic - fitter – inspector – plumber – printer – tool maker – electrician – gardener – train driver
- Semi-routine manual and service occupations such as: postal worker – machine operative – securityguard – caretaker - farm worker – catering assistant – receptionist – sales - assistant

- Routine manual and service occupations such as: HGV driver – van driver – cleaner – porter packer – sewing machinist – messenger – labourer – waiter/waitress – bar staff
- Middle or junior managers such as: office manager – retail manager – bank manager – restaurant manager – warehouse manager – publican
- Traditional professional occupations such as: accountant - solicitor – medical practitioner – scientist – civil/mechanical engineer
- Other: _____
- Don't know

THIS SECTION OF THE QUESTIONNAIRE IS SELF-COMPLETED. PLEASE HAND THE PAPER TO PARTICIPANT

These next questions are about food and money during this pregnancy.

Please read each statement below and tell us whether the statement was OFTEN, SOMETIMES, or NEVER true for you during this pregnancy.

70. The food that I bought just didn't last, and I didn't have money to get more.

- Often true
- Sometimes true
- Never true
- Do not wish to answer

71.71.

I couldn't afford to eat balanced meals.

- Often true
- Sometimes true
- Never true
- Do not wish to answer

72. Did you ever cut the size of your meals, eat less or skip meals because there wasn't enough money for food?

- Yes
- No (*go to question 74*)
- Do not wish to answer (*go to question 74*)

73. If yes, how often did this happen?

- Every week
- Not every week but at least once a month
- Less than once a month but a few times
- Don't know

74. How well would you say you (and your partner) are managing financially these days?
Would you say you are:

- Living comfortably
- Doing alright
- Just about getting by
- Finding it quite difficult
- Finding it very difficult
- Don't know
- Do not wish to answer

75. Compared to a year ago, how would you say you (and your partner) are doing financially now?

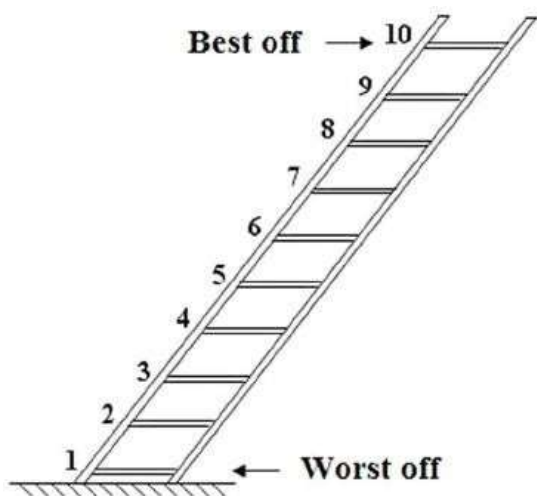
- Better off
- About the same
- Worse off
- Don't know
- Do not wish to answer

*Think of this ladder as showing where people stand **in your neighbourhood**. By your neighbourhood, I mean within about a mile or 20 minute walk of your home.*

At the top of the ladder are the people who are the best off – those who have the most money, the best education, and the most respected jobs. At the bottom are the people who are the worst off – who have the least money, least education, and the least respected job or no job.

The higher up you are on this ladder, the closer you are to the people at the top; the lower you are, the closer you are to the people at the bottom.

76. Where would you place yourself on this ladder? Please tick the box next to the rung where you think you stand at this time of your life relative to other people **in your neighbourhood**.

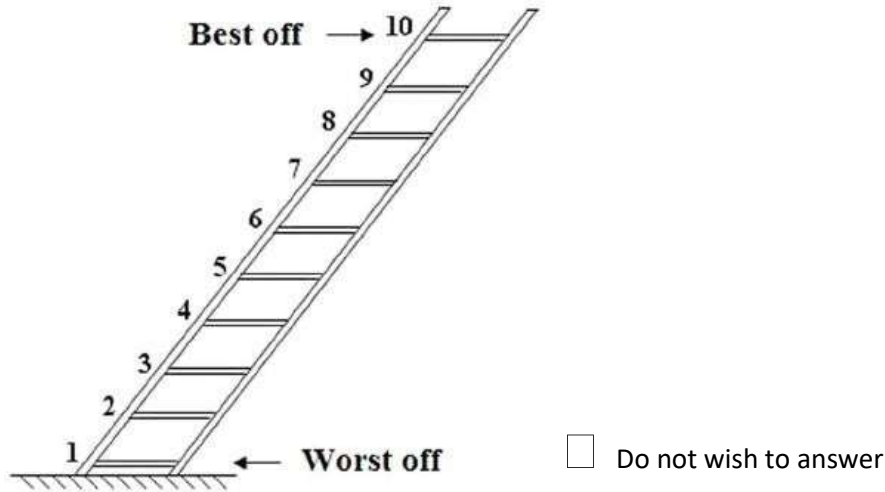


- Do not wish to answer

You have just ranked yourself on the social ladder compared to other people in your neighbourhood. Could you now do the same, but with the ladder representing all people **in England**?

The higher up you are on this ladder, the closer you are to the people at the top; the lower you are, the closer you are to the people at the bottom.

77. Where would you place yourself on this ladder? Please tick the box next to the rung where you think you stand at this time of your life relative to other people **in England**.



SECTION H SOCIAL CIRCUMSTANCES

This section is about your relationships with people in your life, social support and activities you take part in in your community.

If you don't have a partner, you can skip question 78 and 79 and go to question 80.

To what extent do you agree or disagree with the following statements:

78. My partner doesn't seem to listen to me

- Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
- Do not wish to answer

79. I wish there was more warmth and affection between us

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Do not wish to answer

80. I feel closely attached to my family

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Do not wish to answer

81. My family takes notice of my opinions

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Do not wish to answer

82. Sometimes I feel excluded in my own family

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Do not wish to answer

**THIS SECTION IS TO BE COMPLETED BY THE INTERVIEWER.
PLEASE HAND THE PAPER BACK TO THE INTERVIEWER.**

83. How many people can you count on in times of need?

- 0 1 2 3 4 5 6 7 8 9 10 or more

Don't know

84. How many of these people are from your neighbourhood?

- All
 Most
 Some
 None

85. Do you regularly join in the activities of any organisations or clubs?

- Yes
 No

SECTION I HEALTH AND WELLBEING

This section is about your health and wellbeing, and includes topics such as health behaviour, mental health and your feelings about the baby.

The next set of questions is about your diet.

86. How often do you eat these foods:

	6+ times per day	4-5 times per day	2-3 times per day	Once per day	5-6 times per week	2-4 times per week	Once per week	1-3 times per month	Less than once a month
Fresh fruit									
Cooked green vegetables (fresh or frozen)									
Cooked root vegetables (fresh or frozen)									
Raw vegetables or salad (including tomatoes)									
Chips									
Sweets, chocolates									
Crisps, savoury snacks									
Fruit juice (NOT squash)									
Sugar sweetened drinks (fizzy soft drinks, fruit squash, sports drinks, flavoured waters, energy drinks)									
Low sugar or diet drinks (fizzy soft drinks, fruit squash)									
Cakes, scones, sweet pies or pastries									
Biscuits									

THIS SECTION IS SELF-COMPLETED. PLEASE HAND THE PAPER TO THE PARTICIPANT.

87. How would you describe your health generally?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Do not wish to answer

88. If you have a partner at the moment, how would you describe your partner's health generally?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Do not wish to answer

89 How would you describe the health of your teeth and mouth?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Do not wish to answer

90. Did you ever smoke cigarettes or use tobacco (including shisha/hookah, chewing tobacco and snuff but not e-cigarettes) before you were pregnant?

- Yes, for more than 1 year
- Yes, for 1 year or less
- No (go to question 92)
- Do not wish to answer

91. If yes, how often did you use tobacco products before you were pregnant?

- less than 1 a day
- 1-5 a day
- 6-10 a day
- 11-20 a day
- 20 a day or more
- Do not wish to answer

92. Since finding out you were pregnant, how often did you or do you use tobacco products?

- None
- Less than one a day
- 1-5 a day
- 6-10 a day
- 11-20 a day
- 20 a day or more
- Do not wish to answer

93. Does anybody else smoke in your house (excluding e-cigarettes)?

- Yes No Do not wish to answer

94. Did you drink any alcohol during the three months before this pregnancy?

- Yes, once per week or more Don't know
 Yes, but less than once a week Don't want to answer
 No

95. Do you drink any alcohol during this pregnancy?

- Yes, once per week or more Do not wish to answer
 Yes, but less than once a week
 No (*go to question 97*)



96. If you drink alcohol during this pregnancy, how often do you consume five or more units of alcohol on one occasion?

- Every day Rarely; less than once a month Don't know
 Nearly every day Do not wish to answer
 1 to 4 times a week Never
 1 to 3 times a month

Next we would like to ask some questions about your mental health and wellbeing.

97. Over the last 2 weeks, on how many days have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day	Do not wish to answer
1. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

98. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

Better Start Bradford Baseline Questionnaire Version 5

The following sentences describe thoughts, feelings and situations women may experience during pregnancy. We are interested in your experience during the past month. Please circle the number under the word that applies to you.

	Almost never	Sometimes	Often	Almost always
1. I wonder what the baby looks like now.	1	2	3	4
2. I imagine calling the baby by name.	1	2	3	4
3. I enjoy feeling the baby move.	1	2	3	4
4. I think that my baby already has a personality.	1	2	3	4
5. I let other people put their hands on my tummy to feel the baby move.	1	2	3	4
6. I know things I will do make a difference to the baby.	1	2	3	4
7. I plan the things I will do with my baby.	1	2	3	4
8. I tell others what the baby does inside me.	1	2	3	4
9. I imagine what part of the baby I'm touching.	1	2	3	4
10. I know when the baby is asleep.	1	2	3	4
11. I can make my baby move.	1	2	3	4
12. I feel love for the baby	1	2	3	4
13. I like to sit with my arms around my tummy.	1	2	3	4
14. I dream about the baby.	1	2	3	4
15. I know why the baby is moving.	1	2	3	4
16. I stroke the baby through my tummy.	1	2	3	4
17. I know the baby hears me.	1	2	3	4
18. I get very excited when I think about the baby.	1	2	3	4

Now we would like to ask about your plans for feeding the baby. To what extent do you agree with the following statements?

99. I am planning to only formula feed my baby (I will not breastfeed at all)

- Very much agree
- Somewhat agree
- Unsure
- Somewhat disagree
- Very much disagree

101. Don't know
When my baby is 1 month old, I will be breastfeeding without using any formula or other milk

- Very much agree
- Somewhat agree
- Unsure
- Somewhat disagree
- Very much disagree
- Don't know

103. When my baby is 6 month old, I will be breastfeeding without using any formula or other milk

- Very much agree
- Somewhat agree
- Unsure
- Somewhat disagree
- Very much disagree
- Don't know

100. I am planning to at least give breastfeeding a try

- Very much agree
- Somewhat agree
- Unsure
- Somewhat disagree
- Very much disagree
- Don't know

102. When my baby is 3 month old, I will be breastfeeding without using any formula or other milk

- Very much agree
- Somewhat agree
- Unsure
- Somewhat disagree
- Very much disagree
- Don't know

This is the last section of this questionnaire. It is about your mental wellbeing.

104. Over the last 2 weeks, on how many days have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day	Do not wish to answer
1. Feeling nervous, anxious or on an edge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Not being able to stop or control worrying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Worrying too much about different things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Trouble relaxing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Being so restless that it is hard to sit still?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Becoming easily annoyed or irritable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Feeling afraid as if something awful might happen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Do not wish to answer these questions					

105. Below are some statements about feelings and thoughts. Please select the answer that best describes your experience of each over the last 2 weeks.

	None of the time	Rarely	Some of the time	Often	All of the time
A. I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

Better Start Bradford Baseline Questionnaire Version 5

Under each heading, please tick the ONE box that best describes your health TODAY.

106. MOBILITY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

107. SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

108. USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

109. PAIN / DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

110. ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

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This is the end of the questionnaire.

If you have any questions about our study, please ask the researcher.

Thank you very much for your help!